

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 09582971		FILING DATE		
							APPLICANT(S) 09/582971				
CLAIMS											
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	INC.	DEP.		
1										61	
2										62	
3										63	
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42											
43											
44											
45											
46											
47											
48											
49											
50											
TOTAL IND.		29								TOTAL IND.	
TOTAL DEP.		18								TOTAL DEP.	
TOTAL CLAIMS		47								TOTAL CLAIMS	